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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 2699

SERIAL NUMBER 10/021,955	FILING OR 371(c) DATE 12/13/2001 RULE	CLASS 435	GROUP ART UNIT 1637	ATTORNEY DOCKET NO. HO-P02086US1
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/255,217 12/13/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***
**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

03/15/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	<i>Raksha</i> <input type="text"/> Examiner's Signature <input type="text"/> Initials
STATE OR COUNTRY	TX
SHEETS DRAWING	9
TOTAL CLAIMS	40
INDEPENDENT CLAIMS	15

**ADDRESS**

26271

**TITLE**

Defects in periaxin associated with myelinopathies

FILING FEE RECEIVED 2572	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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